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Bib Data Sheet

**CONFIRMATION NO. 2259**

SERIAL NUMBER 10/734,918	FILING DATE 12/12/2003  RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 3327.01US01
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None MA\*\* FOREIGN APPLICATIONS \*\*\*\*\* None MA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>MA</u> Initials				

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## TITLE

Contact training device

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